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PATENT APPLICATION FEE DETERMINATION RECORD  
Substitute for Form PTO-875Application or Docket Number  
*101009733**RCG  
5-11-05*

## CLAIMS AS FILED - PART I

(Column 1)	(Column 2)	(Column 3)
FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	5
INDEPENDENT CLAIMS (37 CFR 1.16(b))	2 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

• If the difference in column 1 is less than zero, enter "0" in column 2.

TOTAL

144.00

144.00

144.00

## CLAIMS AS AMENDED - PART II

(Column 1)	(Column 2)	(Column 3)
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total (37 CFR 1.16(c))	25	Minus 28
Independent (37 CFR 1.16(b))	41	3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))		

SMALL ENTITY	OTHER THAN SMALL ENTITY
RATE	RATE
X \$ ____ =	X \$ ____ =
X \$ ____ =	X \$ ____ =
+ \$ ____ =	+ \$ ____ =
TOTAL ADD'L FEE	144.00
RATE	RATE
X \$ ____ =	X \$ ____ =
X \$ ____ =	X \$ ____ =
+ \$ ____ =	+ \$ ____ =
TOTAL ADD'L FEE	144.00

(Column 1)	(Column 2)	(Column 3)
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total (37 CFR 1.16(c))	•	Minus 20
Independent (37 CFR 1.16(b))	•	Minus 3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))		

SMALL ENTITY	OTHER THAN SMALL ENTITY
RATE	RATE
X \$ ____ =	X \$ ____ =
X \$ ____ =	X \$ ____ =
+ \$ ____ =	+ \$ ____ =
TOTAL ADD'L FEE	144.00
RATE	RATE
X \$ ____ =	X \$ ____ =
X \$ ____ =	X \$ ____ =
+ \$ ____ =	+ \$ ____ =
TOTAL ADD'L FEE	144.00

(Column 1)	(Column 2)	(Column 3)
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total (37 CFR 1.16(c))	•	Minus 20
Independent (37 CFR 1.16(b))	•	Minus 3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))		

SMALL ENTITY	OTHER THAN SMALL ENTITY
RATE	RATE
X \$ ____ =	X \$ ____ =
X \$ ____ =	X \$ ____ =
+ \$ ____ =	+ \$ ____ =
TOTAL ADD'L FEE	144.00
RATE	RATE
X \$ ____ =	X \$ ____ =
X \$ ____ =	X \$ ____ =
+ \$ ____ =	+ \$ ____ =
TOTAL ADD'L FEE	144.00

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

NOV 02 2005 In re Patent Application of )  
U.S. PATENT & TRADEMARK OFFICE Sean-Jacques Braconnier ) Group Art Unit: 1712  
Application No.: 10/009,733 ) Examiner: Daniel S. Metzmaier  
Filed: May 1, 2002 ) Confirmation No.: 6028  
For: CERIUM PHOSPHATE AND/OR )  
LANTHANUM PHOSPHATE SOL, )  
PREPARATION METHOD AND USE )  
FOR POLISHING )  
)

**AMENDMENT PURSUANT TO 37 C.F.R. §1.111**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Official Action mailed August 24, 2005, please amend the  
above-identified patent application as follows:

No additional claim fee is required.

An additional claim fee is required, and is calculated as shown below.

<b>AMENDED CLAIMS</b>					
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims		MINUS =	0	x \$50.00 (1202) =	\$ 0.00
Independent Claims		MINUS =	0	x \$200.00 (1201) =	\$ 0.00
If Amendment adds multiple dependent claims, add \$360.00 (1203)					
Total Claim Amendment Fee					\$ 0.00
<input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee					\$ 0.00
<b>TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT</b>					<b>\$ 0.00</b>

A check in the amount of \_\_\_\_\_ is enclosed for the fee due.

Charge \_\_\_\_\_ to Deposit Account No. 02-4800.

Charge \_\_\_\_\_ to credit card. Form PTO-2038 is attached.

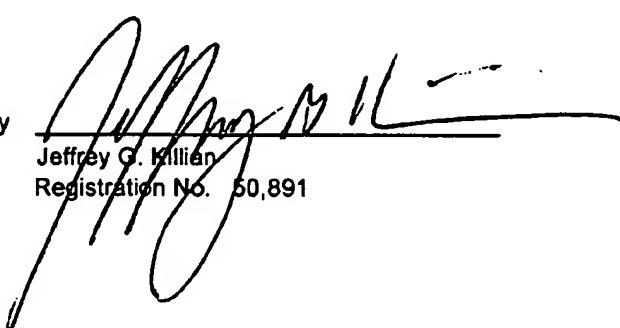
The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,  
BUCHANAN INGERSOLL PC

P.O. Box 1404  
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Date: November 2, 2005

By

  
Jeffrey G. Killian  
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